

LEMONI ENTERPRISES LTD

FRANCHISE APPLICATION FORM

FORM CODE : LEM-FR 90.001
DATE LAST MODIFIED : 21/07/2017



TABLE OF CONTENTS

FORWARD	2
APPLICANT DETAILS	3
EDUCATION AND QUALIFICATIONS	3
PROFESSIONAL F&B CERTIFICATIONS	3
F&B BUSINESS SET UP AND EXPERIENCE.....	4
REFERENCES	5
DETAILS OF BUSINESS REFERENCES:	5
DETAILS OF BUSINESSES PERSONALLY OWNED OR MANAGED	6
FINANCIAL INFORMATION	9
PERSONAL INFORMATION	10
POTENTIAL REGION OF OPERATION	12
DECLARATION	12
OFFICIAL USE ONLY	14

FORWARD

Thank you for considering Lemoni Grill House as your franchise partner. This form will help you to prepare and present your personal and business information, which is essential for our consideration in granting licenses. Please complete it as thoroughly as possible. Please note that the completion of this application form places no obligation on either you or Lemoni Grill House.

Please fill out the application form below and note that an incomplete form, or missing information may result in a delay in the processing of this application

APPLICANT DETAILS

Full Name:

Residential Address:

.....

.....

.....

Home Telephone:

Work Telephone:

Mobile Telephone:

E-Mail Address:

Date of Birth:

Marital Status:

EDUCATION AND QUALIFICATIONS

Please provide a complete and current CV with this application

PROFESSIONAL F&B CERTIFICATIONS

Course 1:

Qualification Gained:

Date Gained:

Institution:

Course 2:

Qualification Gained:

Date Gained:

Institution:

Course 3:

Qualification Gained:

Date Gained:

Institution:

F&B BUSINESS SET UP AND EXPERIENCE

Please describe your current (F&B) business set up and experience

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....
.....
.....
.....
.....
.....

REFERENCES

DETAILS OF BUSINESS REFERENCES:

Reference 1

Name:

Address:

.....

.....

.....

Contact Telephone:

E-Mail Address:

Occupation:

Relationship:

Number of years of acquaintance:.....

Reference 2

Name:

Address:

.....

.....

.....

Contact Telephone:

E-Mail Address:

Occupation:

Relationship:

Number of years of acquaintance:.....

DETAILS OF BUSINESSES PERSONALLY OWNED OR MANAGED

Business 1

Trading Name:

Registered Address:

.....

.....

.....

Position:

Date Business Established:

Annual Percentage Growth Due To You or Direct Team:

Describe Duties:
.....
.....
.....
.....
.....
.....
.....
.....

Business 2

Trading Name:

Registered Address:

.....
.....
.....

Position:

Date Business Established:

Annual Percentage Growth Due To You or Direct Team:

Describe Duties:

.....
.....
.....
.....
.....
.....

Business 3

Trading Name:

Registered Address:

.....

.....

.....

Position:

Date Business Established:

Annual Percentage Growth Due To You or Direct Team:

Describe Duties:

.....

.....

.....

.....

.....

.....

FINANCIAL INFORMATION

Total amount of funds available for your Lemoni business: €.....

£.....

Personal funds: €.....

£.....

Sources of Additional Funds:

.....

.....

.....

.....

.....

.....

.....

Have you, your current or previous businesses, or your spouse ever been declared or filed for bankruptcy? Please provide details;

.....

.....

.....

.....

.....

.....
.....
.....
.....

Have you or any of your businesses ever been prosecuted, or been involved in a dispute? If YES please provide details;

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

PERSONAL INFORMATION

Have you ever been convicted of a criminal offense? Please provide details;

.....
.....
.....

.....

.....

.....

.....

.....

.....

Please provide any examples of when your leadership resulted in long-term sustainable growth for your business?

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

What motivates you?

.....

.....

.....

.....

.....
.....
.....
.....
.....

POTENTIAL REGION OF OPERATION

Geographical Area Interested in Operating:

Has Potential Site Been Investigated? If "Yes" Please Provide Details:.

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

DECLARATION

I do hereby confirm that all of the above answers are true and complete to the best of my knowledge and belief. I recognize that Lemoni Grill

House is not in any way obligated to franchise a restaurant to me because of execution of this document. I acknowledge that any false statement on this application shall be considered sufficient cause to deny any further consideration or cause revocation of any signed agreement with Lemoni Grill House. I understand that an inquiry regarding my character, general reputation, personal characteristics, financial background and general fitness for being a Lemoni Grill House franchisee may be made as a result of this application. In addition, by signing below I release any and all former and / or present employers, and any other personal or business references, from any liability whatsoever in connection with Lemoni Grill House attempts to investigate my background and determine my fitness to become a franchisee. I hereby authorize the release of any and all documents, records, and other information pertaining to me to Lemoni Grill House. A copy of this authorization may be used in place of and shall be valid as the original. I understand that this application is considered active for 60 days from the date below. I understand that Lemoni Grill House reserve the right to reject my application without assigning any reasons whatsoever.

Applicant's Signature

Date

Thank you - The Franchise Team

OFFICIAL USE ONLY

This Section is for official use only:

Application received on:

Interviewed by:

Application Reference:

Offer: